| Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHESIOLO  Full Name (Last, First, Middle Initial)  FRIENDS OF JOHN MCCAIN INC  Mailing Address PO BOX 16664  City S | Detailed Sents may no and address  | ss of any political | by any | ttee to so | 22 28a or the pur licit contrib | outions frontions frontions     | om s | such co | ommittee  | s              |
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| or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHESIOLO  Full Name (Last, First, Middle Initial)  FRIENDS OF JOHN MCCAIN INC  Mailing Address PO BOX 16664  | and address                        | ss of any political | commi  | ttee to so | TTEE Transa                     | outions frontions frontions     | om s | such co | ommittee  | S              |
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